

**Political Organization
Report of Contributions and Expenditures**

OMB No. 1545-1696

► See separate instructions.

A For the period beginning 01/12/2013 and ending 06/30/2013

B Check applicable box: ☒ Initial report ☐ Change of address ☐ Amended report ☐ Final report

1 Name of organization Intercounty Health Facilities Association PAC **Employer identification number** 11 - 3403461

2 Mailing address (P.O. box or number, street, and room or suite number)
1615 Northern Blvd. Suite 306

City or town, state, and ZIP code
Manhasset, NY 11030

3 E-mail address of organization: info@intercountyhealth.com **4** Date organization was formed: 10/22/1997

5a Name of custodian of records Joan Trocchia **5b** Custodian's address
1615 Northern Blvd. Suite 306
Manhasset, NY 11030

6a Name of contact person Joan Trocchia **6b** Contact person's address
1615 Northern Blvd. Suite 306
Manhasset, NY 11030

7 Business address of organization (if different from mailing address shown above). Number, street, and room or suite number
1615 Northern Blvd. Suite 306

City or town, state, and ZIP code
Manhasset, NY 11030

8 Type of report (check only one box)

- ☐ First quarterly report (due by April 15)
☐ Second quarterly report (due by July 15)
☐ Third quarterly report (due by October 15)
☐ Year-end report (due by January 31)
☒ Mid-year report (Non-election year only-due by July 31)
- ☐ Monthly report for the month of:
(due by the 20th day following the month shown above, except the December report, which is due by January 31)
☐ Pre-election report (due by the 12th or 15th day before the election)
(1) Type of election:
(2) Date of election:
(3) For the state of:
☐ Post-general election report (due by the 30th day after general election)
(1) Date of election:
(2) For the state of:

9 Total amount of reported contributions (total from all attached Schedules A) **9.** \$ 0

10 Total amount of reported expenditures (total from all attached Schedules B) **10.** \$ 13020

Under penalties of perjury, I declare that I have examined this report, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

JOAN TROCCHIA

07/10/2013

**Sign
Here**



Signature of authorized official



Date

Schedule A	Itemized Contributions	Schedule A
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Schedule B Itemized Expenditures

Schedule B

Recipient's name, mailing address and ZIP code FRIENDS OF STEVEN ENGLEBRIGHT PO BOX 2703 SETAUKET, NY 11733 -	Name of recipient's employer N/A Recipients's occupation N/A	Amount of Expenditure \$ 500 Date of expenditure 02/01/2013
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Purpose of expenditure
CONTRIBUTION

Recipient's name, mailing address and ZIP code BELLONE 2015 PO BOX 521 BOHEMIA, NY 11716 -	Name of recipient's employer N/A Recipients's occupation N/A	Amount of Expenditure \$ 1000 Date of expenditure 06/26/2013
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Purpose of expenditure
CONTRIBUTION

Recipient's name, mailing address and ZIP code CITIZENS FOR KEMP HANNON PO BOX 398 GARDEN CITY, NY 11530 -	Name of recipient's employer N/A Recipients's occupation N/A	Amount of Expenditure \$ 5000 Date of expenditure 03/15/2013
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Purpose of expenditure
CONTRIBUTION

Recipient's name, mailing address and ZIP code FRIENDS OF BRIAN CURRAN PO BOX 534 LYNBROOK, NY 11563 -	Name of recipient's employer N/A Recipients's occupation N/A	Amount of Expenditure \$ 250 Date of expenditure 02/01/2013
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Purpose of expenditure
CONTRIBUTION

Recipient's name, mailing address and ZIP code CITIZENS FOR JOHN DEFRANCISCO 121 EAST WATER STREET SYRACUSE, NY 13202 -	Name of recipient's employer N/A Recipients's occupation N/A	Amount of Expenditure \$ 1000 Date of expenditure 06/24/2013
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Purpose of expenditure
CONTRIBUTION

Recipient's name, mailing address and ZIP code HORAN, MARTELLO, MORRONE, PC 527 TOWNLINE ROAD HAUPPAUGE, NY 11788 -	Name of recipient's employer N/A Recipients's occupation N/A	Amount of Expenditure \$ 270 Date of expenditure 03/05/2013
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Purpose of expenditure
PROFESSIONAL FEES

Recipient's name, mailing address and ZIP code CITIZENS FOR KEMP HANNON PO BOX 398 GARDEN CITY, NY 11530 -	Name of recipient's employer N/A Recipients's occupation N/A	Amount of Expenditure \$ 5000 Date of expenditure 02/01/2013
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Purpose of expenditure
CONTRIBUTION